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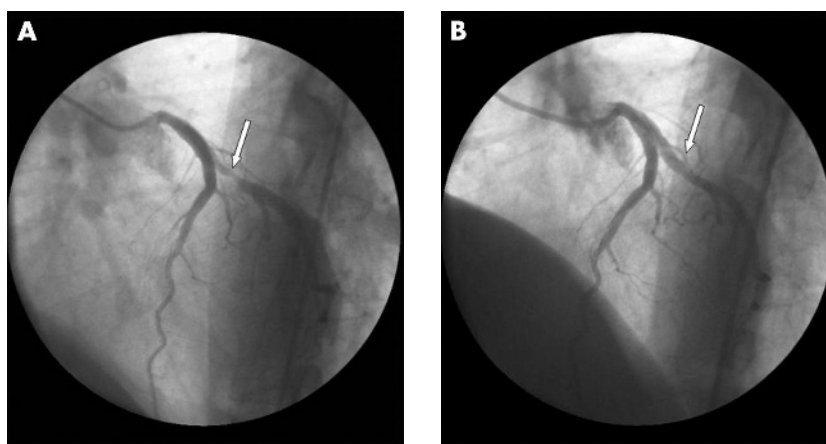
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IMAGES IN CARDIOLOGY

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Spontaneous or clopidogrel related recanalisation of a coronary artery

A 50 year old man was admitted to the emergency service of another hospital with chest pain for 30 minutes at rest. After triage, he was diagnosed with non-ST elevation myocardial infarction and treatment was initiated with aspirin, unfractionated heparin, a β blocker and a statin in the coronary care unit. The patient underwent coronary angiography in our hospital two days after the initial symptoms. In antero-posterior cranial view, it was clearly seen that there was a critical stenosis (arrow) in the mid circumflex coronary artery before the posterolateral bundle (panel A). Percutaneous coronary intervention with oral clopidogrel (600 mg) was undertaken to resolve the lesion. Two hours after the first angiography the patient underwent a second procedure. The subsequent images showed that the critical narrowing had disappeared and that only a small dissection at the lesion site persisted with TIMI grade 3 flow (panel B).



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